

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097674947		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	39	↔	↔	↔	↔	↔
TOTAL CLAIMS	45					

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97				
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99				
100				
TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS		↔	↔	↔